

# **DIVISION SCOPE OF SERVICE**

**Division: CONTINENTAL** 

Classification: CHILD PASSENGER SAFETY TECHNICIAN

**Applicant Name:** 

### **Child Passenger Safety Technician:**

The Child Passenger Safety Technician must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility.

### **Definition of Care or Service:**

The Child Passenger Safety Technician are instructors who will provide education and support to parents and caregivers on child passenger safety seat checks. Scope of service may include:

- · Applies learning and teaching principles in the design of a course, unit, module or subject area
- Gathers and interprets basic information on the needs of learners
- Appropriately uses a broad range of educational methods and technologies to achieve intended learning outcomes
- Educate parents on the proper use of child passenger car seat
- Demonstrates Clinical and Service excellence behaviors to include HCA Healthcare code of conduct core fundamentals in daily interactions with patients, families, co-workers and physicians

# Setting(s):

 Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, clinics and physician practices

## **Supervision:**

• Indirect supervision by Department Director or designee

**Evaluator:** Department Director or designee

Tier Level: 2

eSAF Access Required: YES

#### **Qualifications:**

- High School diploma or higher
- Certified as a Child Passenger Safety Technician

NOTE: Where education may not be defined in qualifications area of the Scope, HCA Healthcare requires the highest level of education completed (not training or courses) confirmed on your background check.

# **State Requirements:**

N/A

# **Experience:**

 2 years' experience in the Child Passenger Safety field and have been certified for a minimum of 2 years.

## **Preferred Experience:**

At least 1 year recent experience in education preferred.

# **Competencies:**

The Clinical Educator will demonstrate:

- Ability to communicate both verbally and in writing
- Strong knowledge of child seat safety
- Ability to develop curricula in cooperation with others.



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- Good customer service skills; ability to maintain poise and exercise diplomacy in all interactions with hospital staff, medical staff, and visitors.
- Ability to foster an environment which promotes and encourages others toward self-development and life-long learning.
- Ability to provide direction and control to individuals as well as multiple teams
- Ability to effectively manage multiple priorities and multi-level tasks.
- Ability to analyze information and use logic and process to address work-related issues and problems
- Infection Prevention
  - Practices consistent hand hygiene
  - Uses personal protective equipment (PPE) when required
  - Required immunizations per Division requirements
  - Complies with Isolation precautions
  - Maintains sterile field

#### **References:**

Academy of Medical Educators <a href="https://www.medicaleducators.org/">https://www.medicaleducators.org/</a>

Colorado RN Verification https://apps.colorado.gov/dora/licensing/Lookup/LicenseLookup.aspx

Kansas Behavioral Science Regulatory Board License Verification: <a href="https://www.kansas.gov/bsrb-verification/">https://www.kansas.gov/bsrb-verification/</a>

Kansas Board of Nursing License Verification: <a href="https://www.kansas.gov/ksbn-verifications/search/records">https://www.kansas.gov/ksbn-verifications/search/records</a>
Nursing Compact States & Nurse Licensure: <a href="https://www.travelnursing.com/what-is-travel-nursing/nursing-

compact-states/

Nursys: <a href="https://www.nursys.com/LQC/LQCTerms.aspx">https://www.nursys.com/LQC/LQCTerms.aspx</a>

### **Document Control:**

Created 3/27/2020

Your signature confirms you will be able to comply with the Qualifications and Competencies listed within this Scope of Service and that you will confirm education via your background check.

| Applicant Printed Name: |  |
|-------------------------|--|
| Signature:              |  |
| Date:                   |  |